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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-14)//  
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF  
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MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED  
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ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED  
WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT  
HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(940105)-VA Invites Gulf Veterans to Get Free Health Exams  
(940106)-Physician's Role Expands as Women Board Combat Ships  
(940107)-NARED Opens at Naval Hospital Camp Pendleton  
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(940111)-HEALTHWATCH: A Bicycle Helmet Could Save Your Life  
(940112)-Financial and Materiel Management Training (para 3)  
(940113)-Seats Available for NEPMU-5's OPMC (para 3)

HEADLINE: VA Invites Gulf Veterans to Get Free Health Exams  
VA Washington (NSMN) -- The Department of Veterans Affairs  
is encouraging veterans of the Persian Gulf War who may be  
concerned about possible environmental exposures in the Gulf  
region to take advantage of VA's health monitoring program.

While an aggressive research program continues to clarify  
the nature of any ill health patterns in such veterans, services  
are being offered today, including a comprehensive physical  
examination and lab tests. These are free to any concerned Gulf  
veterans by appointment in every VA medical center.

In addition, a new law requested by VA simplifies high-  
priority access to followup care for veterans with any condition  
that VA physicians think could stem from the Gulf environment.

"I urge any Persian Gulf veterans with illness they think  
may be related to their service as well as any healthy veterans  
who would like to be part of our Persian Gulf Registry to call  
their local VA medical center to make an appointment if they have  
not already done so," VA Secretary Jesse Brown said. Already,  
16,025 have taken part in the examination protocol.

Eighty-nine veterans also have received evaluations at VA's  
Persian Gulf Referral Centers, which have been operating since

August 1992 in West Los Angeles, Houston and Washington, DC, to handle cases of unusual symptoms in Gulf veterans. The centers assist in cases that have evaded diagnoses locally by providing expertise in such areas as pulmonary and infectious disease, immunology, neuropsychology and toxicology.

While veterans often have described a wide variety of symptoms that are common in primary care medicine -- including fatigue, muscle aches, joint pain and skin rashes -- VA has not fully documented a specific illness or pattern of disease pointing to the cause or causes of these symptoms.

However, VA is taking the issue very seriously and has committed millions of dollars to research, including \$2.5 million over 10 years to a National Academy of Sciences project, with matching funds from the Department of Defense.

In-house VA research has been focusing on evaluation of patients who may have been exposed to environmental factors such as depleted uranium used in armaments as well as neurological studies in veterans who have voiced concerns about possible nerve gas exposure.

In addition, VA's Medical Research Service recently provided supplemental funds for several VA medical centers to expand investigations in such areas as cognitive functioning and immunological status of Persian Gulf veterans.

VA also has asked its researchers throughout the country to develop new ideas for research projects aimed at Persian Gulf veterans and environmental hazards, with a request for proposals drawing more than two dozen submissions last month. The proposed projects will compete in peer review for scientific merit, with VA planning to fund up to three \$500,000-a-year environmental hazard research centers later this year.

Meanwhile, a technology assessment workshop on the Persian Gulf experience and health was held by the VA and the departments of Defense and Health and Human Services under the aegis of the National Institutes of Health. The workshop, held 27-29 April, included outside experts and sought to develop a consensus on a case definition for unexplained illness in Persian Gulf veterans.

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HEADLINE: Physician's Role Expands as Women Board Combat Ships

NAMI Pensacola, FL (NSMN) -- As 500 women join the 5,700-person crew of the carrier Dwight D. Eisenhower, they become the first of their gender to be permanently assigned to a combat vessel. Operational physicians have raised many valid concerns which have resulted in increased emphasis on women's health issues.

Recently, a full-term infant was unexpectedly born aboard a deployed ship, and women with ectopic pregnancies have been emergently medevaced from ships. Some medical officers have voiced concern that since women seek medical care more frequently than men, providers will be overwhelmed by their unique health care needs. Others have voiced concern that they lack adequate gynecological training. Some feel that placing young males and females together aboard carriers may produce relationship problems and increase the incidence of psychological problems and

sexually transmitted diseases. These are very real issues that dramatically highlight the significance of the patient-physician relationship as a key to prevention of these problems, thereby maintaining operational readiness and safety.

These concerns underline certain key points:

-- How do we impress upon our population the risks of pregnancy without adequate prenatal care?

-- What can we do to encourage patients, male and female, to recognize early symptoms of medical problems and seek prompt treatment to avoid medical emergencies?

-- How do we encourage taking personal responsibility for lifestyle choices?

We know that patient education has been recognized as the most important primary prevention measure, and yet many physicians seem to feel it is a fruitless effort, saying "They're not going to use birth control or stop smoking no matter what I say." The reality is that patient education's effectiveness is most often reduced due to the lack of establishment of genuine rapport with our patient population. Humans, both male and female, best respond when treated as unique individuals. The patient-physician relationship is a powerful interaction between humans, which when fully used can make important changes in the patient's attitudes, as well as health. In operational medicine, it may be the one reason your female patients will come to you early in pregnancy, rather than try and hide their pregnancy until life-threatening complications arise. It may be the reason a patient, male or female, will choose to approach you for help rather than commit suicide aboard ship.

The plea for empathic physicians is not new. Hippocrates was pleading the same case with his colleagues many years ago. Doctors Reiser and Roser, in their book, *Medicine as a Human Experience*, outline four essential principles that underlie all of medicine. They are: acceptance, empathy, conceptualization and competence. I will address these four elements as they apply to physicians, but I think you will see how they could be used by service members to facilitate integration of women.

#### SUBHEAD: Acceptance

Acceptance is not an action but an encompassing attitude, one which may be extremely important to women as they enter a new, and sometimes hostile, environment. Accept comes from the Latin verb *accipere*, meaning to "take or receive." Medicine, and the operational environment, are frequently action-oriented. Yet acceptance reminds us that at some level humans need to be received and incorporated.

Our young female sailors shouldn't have to feel that their health care needs are a burden. Something as simple as shouting down the hall past other patients and fellow crew members, "Hey, I need a standby -- I've got to do a pelvic," can be very humiliating for a young sailor.

Many times during a busy sick call, we as physicians start to "turn and burn." We talk, we subject the patient to tests, we hand out a prescription for medication, and we forget to listen. Sometimes we forget what it's like to be a patient. Listening

may be one of the most important clinical skills a physician can have in the operational environment, particularly as a basis for effective patient education.

#### SUBHEAD: Empathy

Defining empathy is difficult, but it can be an important tool. Imagine this scene: A young sailor returns to sick call for the fifth time in a month, complaining of vague abdominal pain. The corpsmen refer to her as a "sick call commando." Her thorough workup has been negative. She reports that her supervisor is mad at her for missing work and doesn't care about her illness. You have given her three different medications, but she says none of them worked, and appears to be questioning your treatment. You, the physician, have had a bad day, and suddenly this patient, who hasn't improved with your excellent care, is becoming frustrating. You tell her that her workup is negative, and if she doesn't improve she may not be fit for shipboard duty. She looks upset; you feel upset; you tell her to followup in a week. She doesn't return to sick call to complain about abdominal pain, but her performance aboard ship deteriorates. You later learn from the chaplain that the patient has taken emergency leave because her mother, ill for some time with cancer, finally died. Most of us have had at least one case like this, whether we want to remember it or not. What went wrong?

Accurate empathy enables us to avoid some of these communication breakdowns. Our patients don't come to us, usually, to "yank our chains." Somatic complaints are frequently a way to approach medical personnel to talk about emotional pain. In other words, we must be sensitive to the message the patient is sending us. We don't have to agree that her supervisor is mad at her, but we can explore the very real idea that she feels no one cares. If she leaves sick bay feeling that someone tried to understand her, it may be the single most important intervention a physician can make in this case. You may be saying "Who's got time to do all this talking?" Think about how much time physicians spend trying to treat recurrent vague somatic complaints, and how much time, both operational and personal, might be saved if we listened more on the first visit.

#### SUBHEAD: Conceptualization

Conceptualization involves examining each patient not as a symptom, but as a human within a unique framework. It involves an appreciation of the human spirit. It certainly involves avoidance of stereotypes. In the operational environment, it involves understanding the patient's workplace and responsibilities.

Patients continue to seek out physicians who will treat them as a "whole person." Patients who feel they are seen as a "person" are markedly more receptive to patient education. Offering patient education aboard ship may involve individual counseling about birth control, but it could also involve group education about important issues. Supportive patient education is more effective in the long run than threatening punitive action.

SUBHEAD: Competence

Competence is the fourth basic principle. Despite the emphasis on empathy and compassion, these alone are insufficient skills for a physician. Knowledge is still an integral ingredient. Patients gain tremendous reassurance from viewing their physicians as competent.

In the busy operational environment, physicians may find themselves mired in administrative paperwork and less involved in patient care. Their clinical skills may suffer.

For the more senior medical officer, who may have completed training much earlier, continuing medical education is extremely important. Senior medical officers must also be aware that their attitudes about women's health issues may permanently shape the attitudes of subordinates.

Competence is an important principle for integration, for as Assistant Secretary of the Navy (Manpower and Reserves) Frederick Pang stated, "The more women and men experience the strengths each contribute to the team effort, the great trust, confidence and respect results." This is certainly true of the team effort between patient and physician.

In summary, patient education and the patient-physician relationship should be a primary focus of women's health issues. Physicians will play a key role in the successful integration of women to combat vessels through the maintenance of operational readiness and safety. Acceptance, empathy, conceptualization and competence are essential concepts for all service members as we move forward toward optimal integration of women into the Navy. Story by LCDR Jennifer Sheraden Berg, MC, USN, Department of Psychiatry, Naval Aerospace and Operational Medical Institute (NAMI)

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HEADLINE: NARED Opens at Naval Hospital Camp Pendleton

NAVHOSP Camp Pendleton, CA (NSMN) -- "Standing by, ready to assist," proclaimed CAPT Becky Gill when she excitedly addressed a group at Naval Hospital Camp Pendleton recently. Gill is head of the new Naval Addictions Rehabilitation and Education Department (NARED), which officially opened on Monday, 25 April.

This dynamic officer came to Camp Pendleton from Naval Hospital Long Beach, where she ran their renowned Alcoholic Rehabilitation Department for almost six years.

Navy alcohol rehabilitation programs have come a long way since they began unofficially with weekly Alcoholics Anonymous (AA) meetings at the Naval Dispensary at Long Beach in 1965. Today, at the newly established NARED at Camp Pendleton, services for alcoholism, polydrug dependency, compulsive overeating, sexual addiction, gambling and co-dependency will all be available to active duty, family members and retired personnel.

This new department at NavHosp Camp Pendleton came about after much work and coordination by the staffs of both naval hospitals at Long Beach and Camp Pendleton.

Plans to combine the Alcoholic Rehabilitation Departments

from Long Beach and Camp Pendleton began about two years ago. It was obvious that closing the base at Long Beach and decommissioning the hospital there would create a severe problem about what to do with their distinguished alcoholic program. The hospital at Camp Pendleton was the perfect solution; we were in the process of renovating Building H-49, a building that could splendidly be used for an alcoholic program.

The 54-bed facility, located directly south of the main hospital, took in its first patients on Friday, 29 April. In addition to inpatient addiction treatment, the staff of 25 is "standing by, ready to assist" with a variety of other services such as detoxification, post traumatic stress disorder in incest survivor/rape victims as a primary diagnosis, and some codependency treatment on an outpatient basis.  
Story by Ms. Anne Severy

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HEADLINE: New CNO Speaks to the Fleet

NNS Washington (NSMN) -- In a recent personal letter to the fleet, the new Chief of Naval Operations ADM Mike Boorda speaks to all naval personnel about his pride in the Navy of today and his vision for the Navy of tomorrow.

The complete text of Boorda's letter to the fleet is contained in NAVOP message 008/94 (DTG 231700Z APR 94) and is available electronically through the Navy Leadership Policy Bulletin Board (NLPBB).

Commanders, commanding officers and officers in charge are encouraged to ensure that each person has an opportunity to read the letter.

Story from Navy News Service 025/94 of 26 April 1994

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HEADLINE: All Hands Magazine Holds Photo Contest

NNS Washington (NSMN) -- All Hands magazine needs your help to kick off its upcoming photo feature, "Any Day in the Navy." Both amateur and professional civilian and military photographers are asked to record what's happening on their ship or installation on Wednesday, 18 May, for a special photo feature to appear in the October edition of All Hands magazine.

Mail submissions to: Naval Media Center, Publishing Division, ATTN: All Hands Photo Editor, Naval Station Anacostia Bldg. 168, 2701 S. Capitol St. S.W., Washington, D.C., 20374-5077. Photos must be processed and received by 18 June.

For information about "Any Day in the Navy" submission requirements, contact PHC Joseph Dorey or JO2 Laurie Butler at DSN 288-4195/4209 or (202) 433-4195/4209.

Story from Navy News Service 025/94 of 26 April 1994

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HEADLINE: Grand Round Abstracts

NNS Washington (NSMN) -- The Navy League of the United States recently announced the winners of their 1994 awards competition. These prestigious awards recognize outstanding individual leadership, achievements and contributions of

active-duty Navy, Marine Corps and civilian personnel. Awards will be presented at the Annual Navy League Convention 2-7 August, in San Diego.

Among the recipients is HM1 Delmar D. Dice of U.S. Naval Mobile Construction Battalion SEVEN, who was selected to receive the ADM Claude V. Ricketts Award for Inspirational leadership (E-6 and below). Congratulations HM1 Dice.

Story condensed from Navy News Service 025/94 of 26 April 1994

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NMLC Fort Detrick, MD (NSMN) -- CAPT Terry R. Irgens, MSC, took command of Naval Medical Logistics Command (NMLC) from CAPT David H. Fisher, MSC, in an 11 February ceremony. Fisher, who had been NMLC's commanding officer since July 1991, assumed duties as commanding officer of the Naval Medical Information Management Center, Bethesda, in a change of command ceremony there 18 February.

Irgens, who previously was director, Medical Directorate of the Defense Personnel Support Center in Philadelphia, presented Fisher with the Legion of Merit during their change of command ceremony.

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HEADLINE: HEALTHWATCH: A Bicycle Helmet Could Save Your Life  
NAVHOSP Jacksonville, FL (NSMN) -- Did you know that last year about 560,000 patients were admitted to the emergency room because of bicycle-related injuries? More than half of these were children. Bicycle accident fatalities in children and adolescents are high, and head injury is the primary cause.

Studies have shown that bicycle helmets reduce the risk of head injury by as much as 85 percent. Universal use of helmets from 1984 to 1988 could have prevented 2,500 deaths and 757,000 head injuries -- in other words, one death a day and one head injury every four minutes. Furthermore, the annual cost of treating one head injury victim is between \$32,000 and \$63,000.

In a bicycle accident involving the head, the brain continues to move in a forward motion while the skull stops moving. The brain could strike sharp areas of the inner skull that can injure it. A good helmet protects the brain by absorbing the energy from the impact, buying extra time for the brain to slow down.

When getting a bicycle helmet, try out the following recommendations:

- Make sure the helmet fits the head: Try the helmet on before buying it. Adjust the chin strap firmly but comfortably and if simple hand pressure shifts or tilts the helmet significantly while on the head, or forces it off, then try another helmet size or design.

- Make sure the helmet is correctly worn: Wear it low on the forehead, just above the eyebrows, and always fasten the chin strap firmly.

- Read and follow all directions carefully: Replace the helmet if it has been damaged, and replace the helmet at least every five years.

Always remember to wear a bicycle helmet -- your life may depend on it.

Story by LCDR Catherine Macyko, MC

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings Scheduled for May:

-- 2-13 May 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, fax (904) 779-0107.

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HEADLINE: Financial and Materiel Management Training

BUMED Washington (NSMN) -- Seeking medical service corps officers who need opportunities to excel in fast-paced, challenging atmosphere. You must apply for this 12-week training course (which begins 5 July) if you can handle the pressure of being in the forefront of changes in the health care delivery system. You will have the opportunity to be on the leading edge of new and improved business practices.

Send your applications no later than 15 May to CDR Dave Wynkoop, MSC, at the Naval Health Sciences Education and Training Command in Bethesda, MD. His phone number is DSN 295-0624, commercial (301) 295-0624.

If you need more information about the exciting fields of financial and materiel management, contact the appropriate specialty advisor: CAPT George Crittenden, MSC, for Fiscal, at (202) 653-1074, DSN 294-1074; CAPT Tom Defibaugh, MSC, for Materiel Management, (202) 653-1202, DSN 294-1202.

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NEPMU-5 San Diego (NSMN) -- Nominations are being solicited for the Operational and Preventive Medicine Course (OPMC) being held 11-22 July 1994 at the Navy Environmental and Preventive Medicine Unit No. 5 (NEPMU-5) in San Diego. This course of instruction is based on lessons learned from past experiences during combat, natural disaster assistance and humanitarian operations.

Upon completion of the OPMC, students will be able to plan, implement, monitor and evaluate preventive medicine programs that enhance and maintain the readiness of operational forces. This course is open to all active and reserve medical personnel, nurses, environmental health officers and hospital corpsmen. In addition, 60.5 Category I CME credits have been approved for this course.

The course includes a two-day field exercise at Fleet Hospital Operations and Training Command, Camp Pendleton, CA. Camouflage utilities will be the uniform of the day for the field portion of the course. The local uniform of the day will be worn

for the remainder of the course.

All nominations must include grade/rank, name, SSN, designator, security clearance, command, plain language mailing address and a point of contact. All travel and per diem must be funded by the parent activity. Nominations are due no later than close of business on 31 May 1994.

For further information, please contact NEPMU-5's training department at (619) 556-7086, DSN 526-7086. Nominations can be faxed to (619) 556-7071, DSN 526-7071 (please call to confirm receipt). Questions on course content can be addressed by HMC B. Campbell, at (619) 556-7086, DSN 526-7086.

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4. Month of May observances and events occurring 7-13 May:  
MAY

Asian-Pacific Heritage Month  
National Physical Fitness and Sports Month  
Better Hearing and Speech Month  
Better Sleep Month  
Correct Posture Month  
Huntington's Disease Awareness Month  
National Arthritis Month  
National Asthma and Allergy Awareness Month  
National Digestive Diseases Awareness Month  
National High Blood Pressure Month  
National Melanoma/Skin Cancer Detection and Prevention Month  
National Mental Health Month  
National Trauma Awareness Month  
National Sight-Saving Month  
National Bike Month

American Lung Association Clean Air Campaign (check your local ALA for Clean Air Week activities)

4 May - 6 June: 1994 Navy-Marine Corps Relief Society Fund Drive -- "Your Financial Contribution Stays in the Family"

6-12 May: National Nurses Week -- "Nurses: Charting the Course for a Healthy Nation" -- call (202) 554-4444, x239, for a media kit.

6 May: National Nurses Day

8 May: Mother's Day

8-14 May: National Hospital Week -- "Building a Healthy Tomorrow Today"

8-14 May: National Nursing Home Week

8-14 May: National Osteoporosis Prevention Week

8-14 May: National Running and Fitness Week

8-14 May: National Stuttering Awareness Week

8-14 May: SAFE KIDS Week

10 May: VOTE! Nebraska State Primary

10 May: VOTE! Pennsylvania State Primary

10 May: VOTE! West Virginia State Primary

11 May: BUPERS Night Detailing until 2200 EDT

12 May 1820: Florence Nightingale's Birthday

13 May 1908: Navy Nurse Corps Birthday

13 May: Military Spouse Day

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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